-H-09/421,870
PTO/SB/06/08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application or Docket Number** - PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR **SMALL ENTITY** SMALL ENTITY (Column 1) (Column 2) **NUMBER FILED NUMBER EXTRA FOR RATE** FEE **RATE** FEE **BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 =(37 CFR 1.16(c)) OR INDEPENDENT CLAIMS minus 3 =(37 CFR 1.16(b)) X \$_ OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR **TOTAL** * If the difference in column 1 is less than zero, enter "0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY **CLAIMS HIGHEST PRESENT RATE NUMBER REMAINING** ADDI-**RATE** ADDI-**EXTRA AFTER PREVIOUSLY** TIONAL **TIONAL AMENDMENT** PAID FOR FEE FEE Minus Total X \$ OR (37 CFR 1,16(c)) X \$ Independent Minus (37 CFR 1.16(b)) OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ **TOTAL TOTAL** OR ADD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) **HIGHEST CLAIMS** $\mathbf{\omega}$ **PRESENT RATE** ADDI-**NUMBER RATE** ADDI-REMAINING **EXTRA** TIONAL TIONAL **AFTER PREVIOUSLY** FEE FEE **PAID FOR AMENDMENT** Total Minus (37 CFR 1.16(c)) X \$ OR *** Independent Minus = (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +\$ + \$ **TOTAL TOTAL** ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST PRESENT** NUMBER ADDI-**RATE** ADDI-**RATE REMAINING EXTRA TIONAL** TIONAL **AFTER PREVIOUSLY** FEE FEE **AMENDMENT PAID FOR** Minus = Total (37 CFR 1.16(c)) OR X \$ X \$ Independent *** Minus = (37 CFR 1.16(b)) X \$ OR X \$_ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.